OR ENTER:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL

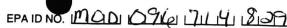
U.S. ENVIRONMENTAL

PROTECTION AGENCY

SITE NAME: Sosety Ween Systems In	1999 Hazardous Waste Report			
EPAID NO: IMOIDI OPIGI TILA ISBATI	FORM IDENTIFICATION AND CERTIFICATION			
Instructions: Please see the detailed instructions beginni completing this form. In addition, the page number for in	ing on page 7 of the instructions and forms booklet before structions specific to each section is provided below.			
Sec. I Site name and location address. Check the box □ in items A is absent, enter information. Instructions page 7.	A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label			
A. EPA ID No. Same as label □ or → IM aD 0916 7119 18109	B. County Same as label □ or → 5+. Louis			
C. Site/company name Same as label □ or → SASety Meen Systems Inc	D. Has the site name associated with this EPA ID changed since 1997? □ 1 Yes			
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label or or IDD Hanley Industrial CTR				
F. City, town, village Same as label □ or → Brentwood	G. State Same as label □ or → or → IMC H. Zip Code Same as label □ or → Col 3 1 1 1 1 1 1 1 1 1			
Sec. II Mailing address of site. Instructions page 7.				
A. Is the mailing address the same as the location address?	□ 1 Yes (SKIP TO SEC. III)			
B. Number and street name of mailing address (DA)E Brinchman Way				
C. City. town, village	D. State E. Zip Code (a) (a) (a) (b) (a) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d			
Sec. III Name, title, and telephone number of the person who shou	ld be contacted if questions arise regarding this report. Instructions page 7.			
A. Last Name First name M.I. Propord Mark	B. Title Environmental Compliance Mairinger Extension			
Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 300 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.				
A. Last Name First name M.I.	B. Title Regional Marager			
c signature	D. Date of signature Month Day Vear			
RCRA BY SBUH, TRI-COC FEB 1 4 2000				

HAZARDOUS WASTE PROGRAM

Over →



		EPAIDNO. IPADDI COME LIII I PO DIOM		
Sec. V Generator status. Instructions begin on page 8.				
A. 1999 RCRA generator status	B. Reason for not generating			
(CHECK ONE BOX BELOW)	(CHECK ALL THAT APPLY)			
□ 1 LQG □ 2 SQG □ 3 CESQG ▼4 Non-generator (CONTINUE TO BOX B)	□ 1 Never generated 2 Out of business □ 3 Only excluded or delisted □ 4 Only non-hazardous was	□ 5 Periodic or occasional generator □ 6 Waste minimization activity d waste □ 7 Other (SPECIFY IN COMMENTS BOX BELOW) te		
Sec. VI On-site waste management statu	us. Instructions page 10.			
A. Storage subject to RCRA permitting requ	uirements	B. Treatment, disposal, or recycling subject to RCRA permitting requirements		
,		<u> </u>		
Comments:				

BEFORE COPYING FORM, ATTACH SI DENTIFICATION LABER OR ENTER: SITE NAME: Safety-Kleen Systems, Inc. Brentwood		U.S. ENVIRONMENTAL PROTECTION AGENCY 999 Hazardous Waste Report			
EPAID NO: MICID 1096 17114 1812191	FORM IC	IDENTIFICATION AND CERTIFICATION			
Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.					
Sec. I Site name and location address. Check the box \square in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.					
A. EPA ID No. Same as label □ or → [MIO]D] (DA (O) (711H) (81219)	B. County Same as label □ or → S 1,	Louis			
D. Has the site name associated with this EPA ID changed since 1997? □ 1 Yes 対2 No					
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label □ or → 1227 Hanley Industrial C+R					
F. City, town, village Same as label \square or \rightarrow Brentwood G. State Same as label \square or \rightarrow IMID (61311 H15)		label □ or →			
Brentwood	or → IMID	1613114141-			
Sec. II Mailing address of site. Instructions page 7.	or → [M] (D)	(LISI1414) - LILI			
Sec. II Mailing address of site. Instructions page 7. A. Is the mailing address the same as the location address?	or → IMID 1 Yes (SKIP TO SEC. III)	(6 3 1 H H -			
Sec. II Mailing address of site. Instructions page 7. A. Is the mailing address the same as the location address? B. Number and street name of mailing address ONE Brinckman Way					
Sec. II Mailing address of site. Instructions page 7. A. Is the mailing address the same as the location address? B. Number and street name of mailing address DIE Brinckman Way C. City, town, village Elgin	D. State E. Zip Con	対2 No (CONTINUE TO BOX B) de しいいによる			
Sec. II Mailing address of site. Instructions page 7. A. Is the mailing address the same as the location address? B. Number and street name of mailing address DIE Brinckman Way Coty, town, village Elgin Sec. III Name, title, and telephone number of the person who should it.	D. State E. Zip Con	対2 No (CONTINUE TO BOX B) de しいいによる			
Sec. II Mailing address of site. Instructions page 7. A. Is the mailing address the same as the location address? B. Number and street name of mailing address DIE Brinckman Way City, town, village Elgin	D. State E. Zip Contacted if questions arise reg	対2 No (CONTINUE TO BOX B) de しいいによる			
Sec. II Mailing address of site. Instructions page 7. A. Is the mailing address the same as the location address? B. Number and street name of mailing address ONE Brinckman Way City, town, village Elgin Sec. III Name, title, and telephone number of the person who should it cast Name First name M.I.	D. State E. Zip Contacted if questions arise regular contacted in questions are required in questions arise regular contacted in questions arise regular contacted in questions are required in questions.	de Continue to Box B			
Sec. II Mailing address of site. Instructions page 7. A. Is the mailing address the same as the location address? B. Number and street name of mailing address DRE Brinckman Way City town, village Egin Sec. III Name, title, and telephone number of the person who should be assisted as system designed to assure that qualified personnel property person or persons who manage the system, or those persons is, to the best of my knowledge and belief, true, accurate and of the Resource Conservation and Recovery Act for submitting knowing violations." Instructions page 8. Last Name First name M.I.	D. State E. Zip Contacted if questions arise regular contacted in questions are required in questions arise regular contacted in questions arise regular contacted in questions are required in questions.	de Continue to Box B			
Sec. II Mailing address of site. Instructions page 7. A. Is the mailing address the same as the location address? B. Number and street name of mailing address DRE Brinckman Way City, town, village Elgin Sec. III Name, title, and telephone number of the person who should be a system designed to assure that qualified personnel properly person or persons who manage the system, or those persons is, to the best of my knowledge and belief, true, accurate and of the Resource Conservation and Recovery Act for submitting knowing violations." Instructions page 8. Last Name First name M.I. Parry	D. State c contacted if questions arise reg. B. Title C. Telephology The plane The plane The plane The proposition of th	arding this report. Instructions page 7. one Number Extension Tection or supervision in accordance with an submitted. Based on my inquiry of the ne information, the information submitted re significant penalties under Section 3008 pssibility of fine and imprisonment for			
Sec. II Mailing address of site. Instructions page 7. A. Is the mailing address the same as the location address? B. Number and street name of mailing address DRE Brinckman Way City town, village Egin Sec. III Name, title, and telephone number of the person who should be assisted as system designed to assure that qualified personnel property person or persons who manage the system, or those persons is, to the best of my knowledge and belief, true, accurate and of the Resource Conservation and Recovery Act for submitting knowing violations." Instructions page 8. Last Name First name M.I.	D. State c contacted if questions arise reg. B. Title C. Telephology The plane The plane The plane The proposition of th	de Continue to Box B			

MAR 0 7 2000



EPA 1 MIOIDI 1096 1711 4 181219

Sec. V	Generator status. Instructions	s begin on page 8.			
A. 1999	RCRA generator status	B. Reason for not generating			
(CHECK	ONE BOX BELOW)				
		(CHECK ALL THAT APPLY)		
□ 1 LQG □ 2 SQG □ 3 CESC	SKIP TO SEC. VI	□ 1 Never generated ≥ 2 Out of business	 □ 5 Periodic or occasional generator □ 6 Waste minimization activity 		
	enerator (CONTINUE TO BOX B)	□ 3 Only excluded or deliste □ 4 Only non-hazardous was	d waste 7 Other (SPECIFY IN COMMENTS BOX BELOW)		
Sec. VI On-site waste management status. Instructions page 10.					
A. Storage	e subject to RCRA permitting rec	bject to RCRA permitting requirements B. Treatment, disposal, or recycling subject to RCRA permitting			
			requirements		
			L		
Comments	:				
	i .	*. *. *			
			1		

ip.



SAFETY-KLEEN CORP.

1000 0 0000

RECEIVED

MAR 0 7 2000

MATURAL RESOURCES

Certified Letter Z 773 730 515

One Brinckman Way, Elgin, IL 60123

February 25, 2000

Missouri Department of Natural Resources Hazardous Waste Program, Biennial Report Inactive Sites P.O. Box 176 Jefferson City, MO 65102

RE: 1999 Biennial Hazardous Waste Report

Dear Sir/Madam:

Enclosed you will find the report covering the following INACTIVE Safety-Kleen Systems, inc. locations:

Columbia, MO Brentwood, MO MOD 000 669 085

MOD 096 714 829

Should you have any questions, please contact Rhonda F. Acitelli at 800-669-5840 extension 2168.

Sincerely,

Barry Miller

Regional Manager

cc: branch file

Manifest Department